

AUTHORIZATION TO RELEASE INFORMATION

To: Park County Sheriff's Department
414 East Callender Street
Livingston, MT 59047

I am an applicant for a position with the Park County Sheriff's Department and wish to furnish information to the department to use in determining my moral, physical, mental, and financial qualifications for the position I have applied for. For this purpose, I hereby expressly authorize release of any information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the Park County Sheriff's Department and any organization, company, institution, or person furnishing information to the Park County Sheriff's Department as I expressly authorized in the preceding paragraph above from any liability for damage which may result from furnishing the information which I have requested that you make available for the stated purpose.

Applicant's full name: _____

Applicant's address: _____

Applicant's Social Security Number: _____

Applicant's date of birth: _____

Applicant's signature/date: _____